VILLA LORETTO NURSING HOME

N 8114 CALVARY STREET

MOUNT CALVARY 53057 Phone: (920) 753-3211 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 52 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 52 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 51 Average Daily Census: 51

************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 2.0 | Under 65 3.9 | More Than 4 Years No | Mental Illness (Org./Psy) 49.0 | 65 - 74 7.8 | Day Services No | Mental Illness (Other) 7.8 | 75 - 84 Respite Care 27.5 | Adult Day Care 2.0 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 0.0 0.0 100.0 | (12/31/02) No | Fractures Home Delivered Meals 11.8 | 65 & Over 96.1 |------No | Cardiovascular Other Meals 7.8 | ------ | RNs No | Cerebrovascular Transportation 2.0 | Sex % | LPNs No | Diabetes Referral Service No | Respiratory 3.9 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 15.7 | Male 27.5 | Aides, & Orderlies 44.2 ---- | Mentally Ill ---- | Female 72.5 Provide Day Programming for 100.0 I Developmentally Disabled No | 100.0 | ************************************

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	319	29	93.5	108	0	0.0	0	14	73.7	155	0	0.0	0	0	0.0	0	44	86.3
Intermediate				1	3.2	90	0	0.0	0	4	21.1	150	0	0.0	0	0	0.0	0	5	9.8
Limited Care				0	0.0	0	0	0.0	0	1	5.3	137	0	0.0	0	0	0.0	0	1	2.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	3.2	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		31	100.0		0	0.0		19	100.0		0	0.0		0	0.0		51	100.0

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period										
				!	% Needing		Total			
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of			
Private Home/No Home Health	26.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	3.9		62.7	33.3	51			
Other Nursing Homes			15.7		60.8	23.5	51			
Acute Care Hospitals	56.7	Transferring	31.4		49.0	19.6	51			
Psych. HospMR/DD Facilities	0.0	Toilet Use	35.3		45.1	19.6	51			
Rehabilitation Hospitals	0.0	Eating	54.9		25.5	19.6	51			
Other Locations	10.0	******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****			
Total Number of Admissions	30	Continence		용	Special Treat	ments	용			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.9	Receiving R	espiratory Care	7.8			
Private Home/No Home Health	6.7	Occ/Freq. Incontinen	nt of Bladder	54.9	Receiving T	racheostomy Care	0.0			
Private Home/With Home Health	3.3	Occ/Freq. Incontinen	nt of Bowel	41.2	Receiving S	uctioning	0.0			
Other Nursing Homes	6.7				Receiving O	stomy Care	0.0			
Acute Care Hospitals	23.3	Mobility			Receiving T	ube Feeding	0.0			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	9.8	Receiving M	echanically Altered Diets	25.5			
Rehabilitation Hospitals	0.0									
Other Locations	0.0	Skin Care			Other Residen	t Characteristics				
Deaths	60.0	With Pressure Sores		2.0	Have Advance	e Directives	78.4			
Total Number of Discharges		With Rashes		11.8	Medications					
(Including Deaths)	30				Receiving P	sychoactive Drugs	60.8			

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownership:			Size:	Licensure:				
	This	Nong	profit	50	-99	Skilled		All		
	Facility	Peer Group		Peer Group		Peer Group		Facilities		
	96	%	Ratio	ଖ	Ratio	용	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	92.2	1.06	88.5	1.11	86.7	1.13	85.1	1.15	
Current Residents from In-County	66.7	76.0	0.88	72.5	0.92	69.3	0.96	76.6	0.87	
Admissions from In-County, Still Residing	30.0	25.2	1.19	19.5	1.54	22.5	1.34	20.3	1.48	
Admissions/Average Daily Census	58.8	95.0	0.62	125.4	0.47	102.9	0.57	133.4	0.44	
Discharges/Average Daily Census	58.8	97.5	0.60	127.2	0.46	105.2	0.56	135.3	0.43	
Discharges To Private Residence/Average Daily Census	5.9	38.4	0.15	50.7	0.12	40.9	0.14	56.6	0.10	
Residents Receiving Skilled Care	86.3	94.3	0.91	92.9	0.93	91.6	0.94	86.3	1.00	
Residents Aged 65 and Older	96.1	97.3	0.99	94.8	1.01	93.6	1.03	87.7	1.10	
Title 19 (Medicaid) Funded Residents	60.8	63.8	0.95	66.8	0.91	69.0	0.88	67.5	0.90	
Private Pay Funded Residents	37.3	28.5	1.31	22.7	1.64	21.2	1.76	21.0	1.77	
Developmentally Disabled Residents	2.0	0.3	7.75	0.6	3.16	0.6	3.46	7.1	0.28	
Mentally Ill Residents	56.9	37.9	1.50	36.5	1.56	37.8	1.50	33.3	1.71	
General Medical Service Residents	15.7	23.0	0.68	21.6	0.73	22.3	0.70	20.5	0.77	
Impaired ADL (Mean)	48.2	49.9	0.97	48.0	1.00	47.5	1.01	49.3	0.98	
Psychological Problems	60.8	52.6	1.15	59.4	1.02	56.9	1.07	54.0	1.13	
Nursing Care Required (Mean)	5.9	6.3	0.93	6.3	0.94	6.8	0.86	7.2	0.82	